

DDDS GAC Day Services Work Group

June 10, 2015

Members Present: Tessie Bonk, Gary Cassedy, Marissa Catalon, Katina Demetriou, Susannah Eaton-Ryan, Brian Freedman, Lisa Furber, Terri Hancharick, Emmanuel Jenkins, John Mahon, Daniese McMullin-Powell, Kimberly Reinagel-Nietubicz, Thomas Rust, Sybil White and Gail Womble

Guest Present: Vicki Haschak, Linda Pearson, Craig Crouch and Lisa Elias

Female Speaker: Here we go. Okay I think we are going to start, it is nine. Does anyone have changes or additions to the agenda this morning, Terry.

Female Speaker: So the part I was going to do on self-assessment, Bryan and I talked about it and the residential committee, Jane was there for a while, she talked about putting a group together to work on it, they are going to put together a work so we don't need to put together a group, we didn't want to duplicate and spend time on it.

Female Speaker: So we'll leave that to the next committee, is everyone comfortable with that, with a nod of heads. Yes? Okay.

Male Speaker: I'm not sure that's what the group is saying, I think we are leaving it to somebody else, that wasn't supposed to be part of the assessment anyway.

Female Speaker: This is Susanna, if you want to repeat what Jane and the residential committee discussed.

Female Speaker: It's my understanding that when Jane went to the residential meeting, they talked about the self-assessment for the clients, she said that her intention was to put together a group after this was all over, after these meetings are over and they would meet and talk about self-assessment am I correct Bryan.

Male Speaker: It's my understanding that Jane intended to include self-assessment as part of the process. And so at that point we didn't feel the need to necessarily create an assessment because the impression we got from the city representative was that Jane was going to had a intention moving forward and had a plan moving forward with that, so it seemed we didn't need to create questions, whether or not we want to create a recommendation, we can talk about that when it comes time for that agenda item, it sounds like there's difference of opinion within the group, I don't know if that's a valuable discussion or not.

Female Speaker: This is Susanna, that's not terribly unique is it.
(Laughing)

Male Speaker: If Jane intends to do it outside of this group, I think the issue that we can agree upon -- is that it's not part of the task of this committee.

Female Speaker: This is Susanna, I'm in agreement, anyone in disagreement? Anyone want to, okay so we're going to take number five off of the agenda and leaf it to the new committee that will be established to work on self-assessments at some point after the initial assessment.

Male Speaker: This is Gary, not having been here last week I'm having a hard time understanding how we got where we are on some things, I sent you a few minor comments, I can't tell from the agenda et cetera, if everything is locked in place.

Female Speaker: Okay. This is Susanna, I did get your e-mail on my iphone, it seemed like more, like a lot, so I thought perhaps we can add to the agenda a discussion.

Male Speaker: There are few things, it just takes quite a bit of writing to explain it.

Female Speaker: This is Susanna I'm going to add that to the agenda for Gary to go

through questions he had about this.

Male Speaker: Thank you.

Female Speaker: Does anyone else have anything?okay. So do we want to start with the person centered plan questions, does someone want to present one side of it and someone present the other side and then well vote. And that was I think it was Gail who sent me an e-mail about having discussion about it, I thought at the last meeting, we said we would have an up and down vote on that.

Female Speaker: See I was wrong about the time so --

(Laughing)

Female Speaker: I don't know where you were.

Female Speaker: I know we allotted 30 minutes -- I do maybe I didn't remember that but that's what I thought, I wondered why a yes or no would take 20 or 30 minutes.

Female Speaker: Okay this is Susanna, I didn't think be it take that sort of time so one person who is in favor of adding the person centered plans to the assessment tool recommendation, one person apposed, each person will speak and then we can take up and down votes, the vote is yes, included in this tool, don't include it in this tool and a third, would you like to recommend it for the look behind, those were the three.

Female Speaker: We settled on the two questions, correct?

Female Speaker: Well -- T C and revised I believe revised those and sent them in as what she would like and since she brought it up before I deferred to her on that.

Female Speaker: Okay I would like to hear from Gary and John on this, they were not on the last meeting so I think they should be able to give their opinion, at least putting two questions in is a compromise, my thinking is person centered plan goes hand in hand with the setting, you can't have one out the other, so to have two is the very least

we can do for the assessment that's my opinion.

Male Speaker: This is Gary, for what it's worth I agree that the inclusion of a person center plan for the folks -- is a central part of the CMS ruling, I agree that it be included one way or another.

Male Speaker: This is John, I had a question which was as I was reviewing things from last week, when I looked at the tool that folks came up with under page four, section U it already asked a question if an individual has an active role in developing the plan, it seems to me we already touched upon it. I support putting the questions in simply because throughout the CMS process it references the person center plan frequently and on top of that, when I look at this process, it's really to determine the validity of what you're assessing, so you know, it measures or should measure where you are versus where you want to be. It's not meant to be a -- but rather to be informative and move guards something toward that goal you are trying to reach, in order -- in my understanding, in order for an assessment to be valid it has to have a baseline, adding these two questions is adding to that baseline, it's a simple yes or no process, I'm okay with that, I read this stuff back and forth with the percentages and whatnot, that can become excuse me some, if a plan doesn't exist and it exists so I think it's a fair thing to have in there and I think it invalidates the assessment without being there and invalidates you on page four about whether or not you take an active role, if there's no availability of a plan you're not going to take an active plan, leaving it out diminishes the value.

Female Speaker: On page four which one are you talking about.

Male Speaker: Section U--

Male Speaker: Page three.

Female Speaker: So if I'm understanding correctly, you recommend those two questions.

Male Speaker: Precede to you, by putting it in there it validates the next piece, do you play a role, it reinforces what is in the overall which is that person center planning does play a role in this process.

Female Speaker: Okay. Katina.

Female Speaker: Thank you ladies for rewording it, this is getting to the heart about what we have been saying about the person center planning, I do believe it needs to be in here, one of the things we went through is who's responsible for that person center plan and how many of the folks are receiving them and who's developing them is the person, is it DDDS responsibility so I think it will bring a lot of things to light in the assessment, so I'm in favor of it being placed in there.

Female Speaker: I think the revisions helped a lot, I will say both barb and Angie centime mails saying they did not want it in there and that Angie, I was surprised came back later on and said I have changed my mind I don't want it in the look behind either, I wasn't quite sure where it came from, she was on vacation, I responded but she didn't get back to me.

(Laughing)

Female Speaker: So dozen anyone else on the committee want to have any more discussion about that or are we ready to vote, Denise?

Female Speaker: In the directions and the guidance in the CMS is it what a person centered plan is in there, everybody should have one, from the beginning because it's already been in the rules all along and also it's not the providers responsibility to do a person centered plan and -- provide services as in what's in the person centered plan

but in an assessment of the settings of the providers, I don't think it's proper to put it in here.

Female Speaker: That is Susanna, I think there were other things in there that should have been, that were already there all the time too, so I don't see that as a disqualifier to put it in there, there are other things that should have always been that way, I don't see it as a disqualifier, my thinking now is that, well, I have always been in favor of the person center plan so I think Gary's description of how it supports you is pretty valid, I don't think these are anything that it's -- it's just information that would be beneficial when you're actually going down the path to making determinations about a service. Now, vector key.

Female Speaker: I wanted to ask, because today is the last day, because you're going to be closing on each they think, if there could at least be a small time for public comment at the end of each piece, because at the end you're going to be done.

Female Speaker: I think, this is Susanna, unless anybody else disagrees, I'm fine with that, does anyone disagree on the committee about having people on guest speak --
(Inaudible)
(Laughing)

Female Speaker: Just whatever he says.

Female Speaker: As the chair of the committee, you have to follow the rules, stay on topic, follow the agenda and the rules of the committee.

Female Speaker: And as long as it doesn't turn into a an hour long discussion.

Female Speaker: Okay. So take it away.

Female Speaker: So I wanted to agree with putting the person centered plans questions in, if it is the basis on how the services are to be provided, it's important to

say we do or don't have those plans.

Female Speaker: Agreed.

Female Speaker: I think the person centered plan actually sort of indicates what the settings should be for the person so it is a driving force as to that service should be and how it should be delivered so I think it should be included.

Female Speaker: This is Lisa, I recalled it in the tool kit, the person centered plan, or a plan to have one.

Female Speaker: This is Susanna, I don't want to throw this out for discussion, but I have to say, in conversations, simply having something in your person centered plan does not mean that service is going to be available if the setting is deemed not in compliance. So if your person centered plan is saying a person should be institutionalized and in restraints, it doesn't matter, that would not be in compliance.

Male Speaker: This is John, I don't think at this point again, this is a basic assessment and we may be getting ahead of ourselves, there's a lot of other pieces to go with this, at this point we're talking an assessment that merely determines if this plan exists or not, if it doesn't exist, there's then a requirement for some sort of explanation on why it doesn't exist, I really find the inclusion of these questions, I think it's vital to the assessment tool, giving you direction on what to do with that, it just simply asked a question, do you have one, don't you have one and if you do, does the person participate in that, I think that's the basic role of an assessment.

Male Speaker: I agree with you John, question number one is doing what you're saying, question two is a little bit different and to be honest it's the one, I don't have a problem with number one, I think it's important, it holds all everybody has a person centered plan, number two is I don't know in my mind a little bit different I'm glad you

said what you did, because I think -- when the conversation drifts toward it's the person center plan that drives the setting what the case I certainly been making is that based on the CMS guidance, it's suggesting here is the direction we should be going for all adults and the services and settings for those where those adults are and -- so and so certainly, the person centered plan is going to identify those services and settings within the scope of where CMS is taking us which is toward more integrated settings and people having more integrated lives, so my, I will be totally honest, my worry was sort of what you were saying that you know, by us saying well, is there documentation to say that we're in a place that is less integrated than that justifies it I do like that these questions would come before you to ensure that the person is apart of the creation of that plan, I just have hesitation about number two, number one I have no issue with.

Female Speaker: So now we have another qualifier.

Female Speaker: This is Katina, what's the intent of question number two, I was looking at it that person center plan -- some of us have O P and some has employment plans, since the state hasn't adopted the language for the plan as uniformed, if it's not -- you may look at a person center plan what other documentation provided by your agency to support that a person has choice is in the appropriate setting follows the CMS rules, that's how I read that more than a check point of is it a integrated setting --

Male Speaker: So if they don't is there something guiding.

Female Speaker: More of the document than the process behind the document.

Male Speaker: This is John, I agree, that's how I read it also, I think that since the state doesn't have, a consistent process for all participants, you have to have something.

Female Speaker: Right. Okay so is everybody ready to vote.

Female Speaker: Are we going to include Emmanuel?

Female Speaker: Absolutely.

Female Speaker: How about Kimberly, she's not here we can wait five minutes, but I don't want to wait too long.

Female Speaker: Do you think he's calling in.

Female Speaker: Do I need to dial nine?

Female Speaker: Do we have Kimberly's number.?

Male Speaker: If you follow my direction you will be in space.

Female Speaker: She has no number on this list. So next -- Gary do you want to --

Male Speaker: Sure.

Female Speaker: Which one is he using, the 800 or 302?

Female Speaker: I use the 800.

Male Speaker: This is Gary, going through draft assessment, who put it together by the way I was quite impressed.

Male Speaker: Yeah this is pretty good.

(Talking at the same time)

Male Speaker: Hello this is Emmanuel I'm on the line.

Female Speaker: Hello. We're going to vote now that Emmanuel is on there.

Female Speaker: Does anybody have her phone number, it's not on the list so I assume she doesn't want us to call her. We have everybody's number but Gail and Kimberly.

(Laughing)

Female Speaker: Okay. So let's see. Let's take a vote yes or no in the assessment.

And we're going to vote on both questions at the same time. Let's do one question at a

time. Sorry, I'm rethinking this. Okay. So we're going to have a yes all of those in favor of item one, question number one.

Male Speaker: Here comes Kimberly.

Female Speaker: Best meeting ever, good morning Kimberly.

Female Speaker: I know I had another meeting.

Female Speaker: Okay. We are having a vote on the person centered plan, do you have the two questions, we are voting first on question one, yes in the assessment tool, guests are not allowed to vote, but all of those to be in the assessment tool please raise their hand.

(Raising hand)

Female Speaker: Let's do it again, we are voting on number one. How many do we have.

Female Speaker: Tom is your hand up?

Male Speaker: Kind of sort of --

Female Speaker: Okay. Then the nine has it, it's in there.

Female Speaker: Do we want to find out about Emmanuel --

Male Speaker: I think it's respectful to ask him what he voted.

Male Speaker: Yes.

Female Speaker: Ten it is. Now we're going to have a yes and no vote on number two. Yes, raise your hands yes if you would like number two in the assessment, Emmanuel.

Female Speaker: Does he have the question.

Male Speaker: I'm sorry I have bad reception out here.

Male Speaker: We are voting on we number two on the person centered plans

question can you read number two I remember number one, but I don't have number two in front of me --

Female Speaker: Okay so question two says for those individuals who don't have a person centered plan, are there other documentations that indicate that they are receiving services in the most appropriate and integrated setting?

Male Speaker: Yes.

Female Speaker: Everyone else, yes or no, I'm sorry, Marissa is going to count.

Female Speaker: Eight.

Female Speaker: Okay that's it. So both one and two will be in the assessment, and I think we're all in agreement that it goes before you so that makes that logical sense of having three person center plan questions in a row. Marissa is working on that now, Ada will put it in.

(Laughing)

Male Speaker: This is Gary, I was saying about the format et cetera and really my understanding will we be able to fill this out digitally and handwriting.

Female Speaker: We had a discussion with a meeting with Jane, she said yes everything will be digital.

Male Speaker: First of all, I think they ought to be under section two instead of section three but well, -- which would help balance things out despite your irritation, it seems like people are generally in agreement with you.

(Laughing)

Male Speaker: In section three, the first item, as we all know, if the response is yes or no, you can't have two questions in the item, the second question in three A seems to be out of place. I think it should be deleted or put somewhere else, you can't put two

questions there --

(Inaudible)

(Laughing)

Male Speaker: I think it was probably just an over site.

Female Speaker: Katina, was that your question, this is Susanna, three A.

Female Speaker: Yes, was it my question.

Female Speaker: I think it was.

Female Speaker: I'm trying to pull it up on my phone, I didn't get to my office today.

Three A?

(Talking at the same time)

Female Speaker: Does the service provider employer --

(Inaudible)

Female Speaker: Okay I think it's John --

Female Speaker: Well, I think at a minimum, we know this has to be two questions.

Male Speaker: Well, I don't know what the beginning is.

Male Speaker: This is John, I don't know what that question is --

Female Speaker: I think it's a case that it got us and pasted and left behind and.

Male Speaker: And then again on the same item, assuming that only the first sentence will remain, it appears to me that would be an N/A, if the response is yes or no, it would force you to say no and then explain that this does not apply or pertain to the dishabilitation, it's unfortunate to force providers to address something that doesn't make sense on the surface.

Female Speaker: I'm sorry, this is Susanna, it was not Katina, it was Gail.

(Laughing)

Female Speaker: Honestly -- because shed the conversation about the person working at a place and no one had -- and didn't intergrade them into the setting that's how this came out and -- John and Gary, you were here for that I believe.

Male Speaker: What does that have to do with dishabilitation. If the questions -- then we're creating a difficult conundrum for the respondents.

Female Speaker: Why is it difficult, if they marked no, there's a place for them to say no, because this doesn't apply to this.

Female Speaker: I thought they were all designed like that.

Male Speaker: Okay. That's fine.

Female Speaker: And I don't know that we need this sect part of that.

Female Speaker: Okay. So that's out.

Male Speaker: So going on to page three. Question K makes sense and I think we all understand that and it comes right out of the rule, but questions L and M as in marry, are clearly subsets of K as in K if the answer is no, that's the only time L and M apply and again, if we don't reformat it like an outline format, the L and M are indented such that they are subsets of item K then these questions aren't going to make any sense as standalone.

Female Speaker: Is everyone, this is Susanna, it even at a minimum paying attention.
(Laughing)

Female Speaker: At a maximum have an opinion about this.

Male Speaker: For whatever reason mine got blocked out completely, I don't have an M.

Female Speaker: Pass this down to him, here is a spare.

(continuation).

Male Speaker: Thank you.

Male Speaker: As an illustration if you look at question M as in marry, if you read that question by itself it makes no sense whatsoever.

Female Speaker: So Gary, this is Susanna, is your suggestion that L and M become K one and K two.

Male Speaker: Yes. Exactly.

Female Speaker: Is anyone apposed to that.

Male Speaker: No.

Female Speaker: If it clarifies it --

Female Speaker: Yeah.

Female Speaker: All right. Marissa is working on it.

Male Speaker: Anything is possible.

Male Speaker: On the same page -- item X as in x-ray, to make that a sentence -- does staff, you know just to clean it up, going on to page four.

Female Speaker: X on page three of four.

Female Speaker: I would not just say staff, I would make it more general because it may not always be staff that's communicating, it could be coworkers, it could be other folks, I mean, I think.

Male Speaker: Okay do other people in the environment.

Female Speaker: Yeah, I mean --

Male Speaker: We're looking at question X Emmanuel, which is currently reads communicate in a way that the individual can understand --

Male Speaker: Right.

Male Speaker: Well, this is Bryan if we use the wording from W.

Female Speaker: Does the staff --

Male Speaker: That's what I was suggesting.

Female Speaker: Yeah.

Female Speaker: Every good with that?

Male Speaker: Yes.

Female Speaker: Yes.

Male Speaker: Sounds good.

Male Speaker: Going on to page four.

Female Speaker: Before you turn the page on W I'm pretty sure this goes with not before entering the bathroom, not entering that -- where.

Female Speaker: It is the bathroom because V is and I'm sure that this was.

Female Speaker: Yeah but.

Male Speaker: It's not clear.

Female Speaker: It can be V one.

Male Speaker: Right. That's a good point.

Female Speaker: Okay.

Male Speaker: Going on to page four question B as in boy.

Female Speaker: B four or B five.

Male Speaker: -- it's section four B.

Female Speaker: Okay.

Male Speaker: I've got three items this is section that as they stand, make no sense to me at all and I'm trying to put myself in the shoes of a provider who hasn't had the benefit of all of the discussions question B. What in the world does that mean? Does the setting provide the support for individuals to understand their life options? What in

the world does that mean?

Female Speaker: Well --

Female Speaker: I totally understand that. This is Susanna.

Male Speaker: This question.

Female Speaker: I mean, yeah, in the same way that you would have life options or your children would have life options, you would want them understand it.

Male Speaker: Let me ask, I have the same concern, I worded it differently, how does that manifest itself, what does it look like, if you are asking the provider if they do that, what are you measuring against? What does that look like, in the scope of what happens, or even employment services for that matter, how do we know that's happening or not.

Female Speaker: I would certainly say it would be documented somewhere.

Male Speaker: But what's the process? I mean, if I sit down and have a conversation, do I have to sit down and have a conversation once a month, or do it in the E L P once a year, how does that manifest itself so there's, so urge it's occurring or that it's not occurring and needs to be corrected.

Male Speaker: This is Gary I'm not understanding the intended scope of life options and if we're expected to say yeah or nay, how can you make that judgment with such an abstraction and within the scope of day services which is only a segment of people's lives, how much responsibility for overall life options planning accrues to the day service, it's not making sense.

Female Speaker: Well, I would think when a part of life option and I think if we go back and look at the transcript, this came out of discussions about individuals having other options other than the one they were in. So and I think that maybe the term life

option simply used to indicate all options were discussed with them so a person in debilitation has had the discussion about whether or not they would like to be in employment or whether or not they would like to be in provoke so I think that's the intent of it.

Female Speaker: So the service options --

Female Speaker: And I'm fine with that.

Female Speaker: Service once again --

(Talking at the same time)

Male Speaker: Known would have conception of.

Female Speaker: And I think it goes back, we had a lot of conversation that word is a trigger, it has to be service because if I'm become evaluated it can't be specific to -- so I think having those options and if the answer is no, why not.

Female Speaker: Okay is everyone in agreement to change it from life options to service options?

Male Speaker: Item E -- and from the discussion I understand what this is supposed to mean but for the uninitiated respondent people are not going to have no idea what we are talking about, what in the world we know from examples, such as the V word.

(Laughing)

Male Speaker: But the only way to make sense to this to the naive reeder is to put in examples, otherwise you are going to get crazy responses because it's a crazy question as it stands alone.

Female Speaker: So would you like to recommend some example it is put in parentheses after legal activities.

Male Speaker: Well, I'm not going to say that word,de niece might want to say that

word.

Female Speaker: -- there are other things to that people regularly engage in different types of employment --

(Inaudible)

Female Speaker: That's not a legal thing, I don't think anyone would say, is this a legal activity.

Female Speaker: I think they want to discriminate against illegal activities.

Female Speaker: Right, so that you are not okay with illegal --

Female Speaker: I understand.

Female Speaker: So we can't put in smoking pot.

Female Speaker: Let's take out legal.

Male Speaker: That's an example actually Gail mentioned smoking pot that smoking cigarettes is a very germane example because there are a lot of individuals who smoke organizational rules in a lot of cases prohibit smoking on campus, but it's across the board regardless of who the individual is, I think smoking is a perfect example without igniting --

Female Speaker: This is Susanna, taking out the word legal and leaving it the same as anyone who is not receiving --

Male Speaker: Because if it just says what it says now, people are going to have no idea.

Female Speaker: Does the setting prohibit individuals from engaging in activities in a manner different from --

Male Speaker: Are you taking out.

Female Speaker: I took out legal.

Male Speaker: I think that would work yeah --

(Inaudible)

(Laughing)

(Talking at the same time)

Female Speaker: As much as that seems silly, that's report.

Male Speaker: It doesn't seem silly -- after.

(Inaudible)

Female Speaker: This all came from the V word --

(Laughing)

Female Speaker: We changed it around so that it would fit in here meaning that we wouldn't treat anybody that wanted to go -- during work hours, they had --

Female Speaker: And this applies to every activity so I think the V word is covered here. We discussed that.

Female Speaker: I agree to taking legal out.

Female Speaker: Is everyone okay with that? Okay is anyone not okay with that okay fine.

Male Speaker: Lastly H --

Female Speaker: We are getting your little messages.

Male Speaker: That would serve better as a subset of G because process policy et cetera for changing support again, it's like what in the world are people talking about.

Female Speaker: I'm okay with that.

Male Speaker: It's along, it's related to the fading that we talked about.

Female Speaker: Subset G one.

Male Speaker: And I think -- sensible responses from people if it's done that way.

Thank you.

Female Speaker: Okay.

Male Speaker: And that's all.

Female Speaker: Excellent thank you.

Female Speaker: Next on the agenda.

Female Speaker: Wait a second. It's not -- increasing Susanna to put changing.

Female Speaker: Where are we?

Female Speaker: Back at G I don't know if I have the latest one.

Female Speaker: Okay, you're on G.

Female Speaker: So Gary said to have it G one, the changing support, right?

Female Speaker: Okay.

Female Speaker: So four H will become four G one.

Male Speaker: Yeah. By alternatively you can simply make G fading and changing supports.

Female Speaker: Slash changing are.

Female Speaker: This came specifically, I think you missed that conversation, we discussed it last week at the meeting, and it addressed a concern of T C so --

Male Speaker: Okay.

Male Speaker: This is Bryan, I see the two as being different so I would be more in favor of keeping them as two separate questions --

Female Speaker: Gary, as people age when the younger ones the fading support, I was asking about the people who are aging they need increased support.

Male Speaker: That makes sense.

Female Speaker: So is it now is it G one, we are all in agreement with G one.

Female Speaker: Yeah.

Female Speaker: Yeah.

Female Speaker: Okay.

Male Speaker: We are just not putting them together in the same question.

Female Speaker: Right.

Male Speaker: I think the whole thing is perfect.

Female Speaker: I'm glad we did that.

(Laughing)

Female Speaker: This is it, this is the assessment tool with Marissa's list of changes that Ada will do for us, dozen anyone want to review that quickly, we are going to vote now and say this is what we are submitting once Ada makes the changes --

Male Speaker: So very quickly, sorry, I'm going back and thinking it through, so since I just made the case that those two things are conceptually different, it does make sense to leave them as G and H and not G and G one --

Female Speaker: So.

(Talking at the same time)

Male Speaker: Because they are two different questions.

Female Speaker: I will change it back to whatever Bryan wants.

Female Speaker: Okay Gail.

Female Speaker: I think we are worn down.

(Laughing)

Female Speaker: A lot more room to explain it.

Female Speaker: Gary.

Male Speaker: That's fine, I don't care.

Female Speaker: Everyone is worn down.

Male Speaker: If everybody is worn down --

(Laughing)

Female Speaker: We were going to have our guest speak after each section --

(Inaudible)

Female Speaker: We didn't, this is Susanna, do you know Steve -- he's the head of our Medicaid division in.

Female Speaker: G H S S and this is how he organized his thought process, so I thought it would be helpful to put it in the order, so when he looks at it, he doesn't have to reinvent the wheel.

Female Speaker: Now we are two hours before the end of it, so let's leave it.

Female Speaker: Hi Lisa. Have some breakfast.

Male Speaker: Can we start over now.

(Laughing)

Female Speaker: Okay. So we're now going to vote yes or no we are submitting this today with the suggested changes from today, all yeses raise your hand.

(Raising hand)

Male Speaker: Okay so it's unanimous, in that case I vote no.

Female Speaker: Okay great, this part is done, now we're talking about whether or not, moving right on, no applause.

Female Speaker: Bring out the champagne.

Female Speaker: I thought it was great that we are finished.

Female Speaker: It's good the way that it came together, I don't think that anybody needs -- we stayed on point, I said this to you in the e-mail, I appreciate, it's been tough

to get this document done and I appreciate for what it's worth the group put the comments out there and being respectful and having conversations, I think we are giving the division a good tool for them to review and hopefully they will see a lot of work went into it and come back with positive feedback and if there are things they don't understand give us an opportunity to answer the questions.

Female Speaker: I think everyone worked really hard to collaborate and to really express what they thought in an atmosphere that everyone's thoughts were important and valuable and meaningful and respected, so I think that was pretty much a big win for everyone here, I mean pleased with the tool, I think you know, I don't think it -- it doesn't cover everything that we talked about and everything we wanted, it does a good job of getting there, so I'm pleased with the work and I'm especially pleased that this is the last meeting. Can't say it enough.

(Laughing)

Female Speaker: Okay so we want to question whether or not we want to make look behind recommendation or evidence recommendation, we already for those, Lisa you weren't here, we established that self-assessments the division was going to set up another committee to work on self-assessments so we don't need to do anything about that, does anybody have any thoughts about look behind and evidence? I know we have talked numerous times here in this group about the necessity of training for those doing the look behinds.

Female Speaker: Did we end up having a parking lot where we put items that pertained to this, I know we have discussed this.

(Talking at the same time)

(Laughing)

Female Speaker: It was repossessed --

(Laughing)

Female Speaker: I know we discuss the training.

(Talking at the same time)

Male Speaker: Money --

Female Speaker: With the parking lot stuff, I think some of the they thinks I remember regarding these look behinds is number one, is the necessity of training, because the folks that are going to go in doing this assessment are going to be looking at a variety of way services are delivered and they have to be educated on what each provider niche is and how we deliver that service and the tools they may be looking at that we are providing, because they are going to look different.

Female Speaker: So -- even that should be included not just that there be training but look at the different settings -- and whatever you said so they know they don't just go in and pick out a paper, they have to read some things or talk to people first.

Female Speaker: This is Susanna, I'm going to send an e-mail to Jane and Marie with this. That we all proved, and I think I will send it from all of us. Because we all did this and approved it, do we want in the context of the e-mail to say these are some additional recommendations we would like to be on record for saying and one is.

Female Speaker: Yes.

Female Speaker: Okay so would you like to craft that and Marissa is going to type really fast while you are crafting.

Female Speaker: Was it fine that the providers are not allowed to be part of the look behind?

Female Speaker: As Jane explained it, the providers will be apart of it, because

anyone who has looked behind will be talked to, so they will be there for the look behind, I'm telling you what she said Katina.

Female Speaker: I mean, but they are not part -- can I rephrase the question, when we met initially, a provider maybe part of the assessment and you said Gary, that was a concern and yes, we are going to be part of the process because we are going to have to respond -- but --

(Talking at the same time)

Female Speaker: I'm glad we -- I think the question was is it did we get clarification that this will be done, I thought somewhere I heard along the lines from the Q A department possibly, maybe I made that up since they really know our program so well. But, I think yeah, I think that was -- if providers aren't going to be part of that, I think the recommendation needs to be that those that are -- those that are conducting the assessments receive at minimum. English is not my strong suit -- right John, I was not hired for my writing or speaking ability. Now I lost my train of thought, that at minimum, thank you, the assessors are provided information on the services that each provider those.

Female Speaker: Those that are conducting the assessment receive at minimum.

Female Speaker: Information, I mean they have to know. What services each of us are delivering an overview of providers services.

Female Speaker: Well done. In other words they should be given the definitions that each of the services we have spent lots of time defining.

Female Speaker: This is Susanna, I think they should be trained on the HCBS waiver tool.

Female Speaker: Yes.

Female Speaker: And the meaning of this assessment relative to that training tool.

Female Speaker: And we'll be state workers that are doing the look behind.

Female Speaker: What Jane said in addition to the other piece, about the provider that I'm not going to repeat, that it will likely be, staff from the division and self-advocates.

Female Speaker: Really, known else, just state workers and self-advocates, that was the information that I received, we can recommend that we want parents part of the look behind, this is our time to go outside of the scope of our task, these are some of the other things that came up that are important and we feel are important to, one is that we would like, I don't mean to speak for anyone, but I'm suggesting --

Female Speaker: Families and --

(Inaudible) if other providers can go into other areas and help with the assessment because they are the ones that know what this is all about -- --

Female Speaker: I think there's a concern about that become a conflict. I do. When it came up people were saying, do you really want, you know -- Gary in your facility, just kidding.

Male Speaker: Exactly.

Female Speaker: So I think that, there's some sound rationale for that.

Female Speaker: Okay.

Female Speaker: This is Denise, I think in the look behind it might be what is actually happening --

(Inaudible)

Female Speaker: It's like two A did the individual have the opportunity to choose a day service setting from the variety of options offered by the provider, in the look behind

it's saying did any of the individuals choose their day services. And if that never happened, then that might be of concern. But if there are individuals there that chose their services -- or their guardians.

Female Speaker: What would that look in error like in a recommendation and e-mail I'm not sure.

Female Speaker: We have had this --

Female Speaker: We changed it to the providers here -- I think this is misses the whole point --

Female Speaker: This has been approved Denise, if there are people -- this individual.

Female Speaker: Along with their family or this individual chose the services -- if that's actually happening I mean, if it's not hatching they can have all of the opportunity they want in the world, they can -- actually, the providers can answer this to every question, it will take a look behind to actually see what's actually happening.

Female Speaker: You don't know the outcome.

Female Speaker: Right --

(Talking at the same time)

Female Speaker: I'm talking about the look behind, so if you say yeah, they have the opportunity to choose their services however not a single person in here chose their services --

Female Speaker: That would never -- I don't know I realize I don't have a day program but everyone that I serve chooses their service and it's documented on an intake and a plan from D B R so multiple documentation --

Female Speaker: But I'm saying when it comes to look behind what can we look for if

it's not what's going on according --

Female Speaker: It's evidence, it's the evidence. I think we know it's the evidence so there's going to be documentation on everything and if someone is looking -- I can't imagine a scenario where you know, you would have a hundred and 50 people and known ever chose.

Female Speaker: What's good is that one A do individual participate.

(Inaudible)

Female Speaker: Right.

Female Speaker: If there were no individual shopping but we said yeah, because they have the opportunity to -- only they don't really know if they have the opportunity to do that -- or spiritual services is anybody doing that, is anybody choosing to have --

(Inaudible)

Female Speaker: This is Susanna, Denise we need to get back how we are going to put that as a recommendation in the e-mail, what is it going to look like, what are we recommending, you would like to add something, I'm not sure what it is you want to add, I understand what you are saying but I'm not sure what that looks like in the e-mail.

Female Speaker: The look behind should look for the evidence.

Female Speaker: And the evidence based off of the definitions of the services being delivered.

Female Speaker: Perfect. I'm looking at Marissa, did you get all of that.

Female Speaker: If you offer employment services, shopping might not be a choice, you can't offer shopping under that service.

Male Speaker: This is Gary, for what it's worth I'm in support of the DDDS -- staff leading the team, they are the only ones whenever going to have relatively unbiased and

understanding for system and where to find information realistic expectations in terms of what's documented how it's documented et cetera, as long as they are leading a charge I don't think the verifications are going to be a big problem.

Female Speaker: As a exit tee, are we comfortable including in the recommendation that this committee would be comfortable with quality assurance leading the look behinds.

Female Speaker: Yes.

Female Speaker: Is everyone in a agreement.

Female Speaker: I think.

Male Speaker: I think that's consistent --

Male Speaker: This is John I agree, I think they may be, if providers aren't going to be apart of the look behind as a provider they can provide that clarification, the next best group to do that is the Q A people.

Female Speaker: So you can see Marissa has that.

Male Speaker: I would like to see, I know we talked about it before our understanding was to be apart of the team, since we are putting it out there, I would certainly, like to recommend that self-advocates are apart of that.

Female Speaker: Essentially we are recommending what we think the composition of the team should be? Right? Is that what she said? She D I'm just speaking for Marissa.

(Laughing)

Female Speaker: Okay anything else about the look behind or evidence?

Male Speaker: Make it quick and pain less.

Female Speaker: What Gary.

Male Speaker: Make it quick and painless.

Female Speaker: Good luck with that.

Male Speaker: I know.

(Laughing)

Male Speaker: Root canal.

(Laughing)

Female Speaker: Any over comments?

Female Speaker: Is it -- the look behind --

(Inaudible)

Female Speaker: I don't know that anything is assumed Gail, but you know because it's never been done before and I think we are really establishing this, I can't imagine if they needed evidence I don't know how they can get it without looking at the records, does anyone else, providers, that's a provider question, how would they get it T.

Male Speaker: This is John that's a good question, there is a problem about other people looking at records, not Q A, certainly Q A people they look all the time, they pull the -- they have a right to access to that group but not everybody has right to access and actually I can envision when you said that, I can envision several parents who would object.

Female Speaker: What is the process for getting the right.

Male Speaker: To look at somebody else's, I don't think you can get the right --

Female Speaker: If the individual record that you are looking at if that individual signed a release for you to look at it, you can look at it, but they have to go through process of signing releases.

Female Speaker: Then what you need to do is providers send out a question ahead

of time.

Male Speaker: I believe that's -- I'm thinking there's 360 people that I have to get parents permission to allow someone other than Medicaid and D D S to look at their records.

Male Speaker: This is Gary, I think the general expectation for any individual item is that the survey time asked the provider, how is this in evidence. The provider then has the responsibility to show policies, procedures, you know there are trip logs, their own team types of documentation that possibly support what the response from the provider was. It is not expected necessarily that it has to get into individual consumer records and if it did, we can conceivably provide some redacted records that give you know, this is typical of the documentation, there's not an expectation from what I said that you know, you go into a program where 53 people are being served, this team is going through 53 individual records.

Female Speaker: It's not that but it's a sample people come in and they are not part of the agency, and they audit. And I have audited and I live in Delaware and I have seen people's case records and -- I don't see where that's -- it really concerns me that we're going to talk to the providers and listen to the providers, but not drill down into that case record, and the only people doing it are D D S, that concerns me, I'm going to leave that as my concern.

Male Speaker: This is Gary, I think we have to assume that whatever information that the DDDS Q A staff would gather for the team would be considered valid, that their judgment would suffice when it get into the, has to come out of the individual records, otherwise, we have the barrier of confidentiality for the rest of the people that would be on the team.

Female Speaker: I guess I'm -- if there are some of the people that have to do with that, we had major atrocities go on in the state.

Male Speaker: What are you referring to.

Female Speaker: I'm moving to the topic of P M 46 if Q A teams have anything to do with that, it hasn't been done directly.

Female Speaker: It's assumed that these small group of people looking to review those, they say that they are looking for individual item ands meant to be confidential --

Female Speaker: I hear what you are saying, I'm giving you an example, whoever you designated in this division, P M 46 is clearly spelled out it can have some variations but there are some recent atrocities and division people were involved in it and you didn't have outside person to view it and that's why I keep saying, you need to have some kind of way, I don't care if it's parents of what somebody outside of the division that is I'm partial, look at it, I can see the people might not want family members doing it --

Female Speaker: The my response is, I work for protection Advocacy, we have federal authority to look at federal records without releases -- so held be seeing it as a representative from our agency, but there is this outside entity in my office that does this kind of work whether we make recommendations but it exist ands we have authority to look at things.

Female Speaker: Okay. This is Susanna, I'm going to try to bring this back, which is making additional recommendations beyond the recommended assessment tool that we think are important to be stated in writing for the division. So this particular question is or this recommendation is the discussion is taking place around the question of who is doing the assessment and what they have access to as individuals doing the assessment.

Female Speaker: In the look behind.

Female Speaker: I'm sorry, the look behind. Do we have anyone else who wants to weigh in about this, how we should word it, what we want to say and how we should word it.

Male Speaker: This is Gary, I object to the way it's currently worded given that it refers to review individual records which implies an expectation that that be done for every question. And I think that's beyond the intended scope and it's clearly in contradiction to what the plan says where it says a lot of the evidence can be policies procedures et cetera, which does not require you to dig as deeply as individual records.

Female Speaker: Then what is the process to review individual records if this is not the place what other -- any Q A people here.

Male Speaker: This is Bryan, just to clarify, are you saying review of individual records should not be done at all for any of the questions, or shouldn't be necessary for every single question.

Male Speaker: Right, I think we have a difference in perspective clearly, but this is not an audit, this is a settings assessment and we have had this discussion before and the setting is sort of defined by it's policies, procedures and practices. And you can discover a lot of the evidence of that without getting into individual records, I think it's fine to get into individual records where you need to. By whatever mechanism as yet to be determined but the expectation should not be that the basis for all of this is individual records.

Female Speaker: Okay then how would you say it.

Male Speaker: Well, so one way to do it is to say we can recommend that it be at the discretion of the review team to determine what combination of things either, review

policies and procedures, training, review of other setting materials like a daily or weekly schedule, whatever that might include or individual records in reviewing each question.

Male Speaker: This is Gary, looking at what Marissa has been done, I think it would be fine with me, it keeps changing but --

(Laughing)

Male Speaker: Including review of individual records where necessary.

Male Speaker: But the expectation should not be that you routinely doing a sample of -- records for every question, it would collapse under the burden of the whole thing.

Female Speaker: Shouldn't we include procedures and policies also not in addition to but.

Male Speaker: I think it's a given, that was already established.

Female Speaker: Okay.

Male Speaker: We don't need to reiterate the whole state plan in our whole recommendations.

Female Speaker: Okay.

Male Speaker: This is Gary, one concern that I've expressed from the very first meeting with Jane is that the procedure of sampling of settings in terms of which ones are subject to verification I think is a very thorny issue, because I'm fond of mentioning, there are way over 1,000 settings in the Delaware DDS system. I would love to see how they come up with the sampling of the settings for the verification.

Female Speaker: 1,000 settings?

Male Speaker: And I'm concerned in terms of fairness and any over notion of sampling -- I'm anxious to see how the sampling is.

Male Speaker: This is Bryan, so when you are saying over 1,000 settings, are you

including individual businesses where supported employment is taking place?

Male Speaker: Shared living situations, every one of, you know as well as the congregate programs settings, is every one of those is a setting under the CMS rule and state plan.

Male Speaker: So last week Marissa I thought clarified that for purposes of this assessment we would not be considering one -- an individual business where supported employment is taking place, we would not consider that as an individual setting.

Male Speaker: I didn't hear that.

Male Speaker: This is John just for clarification, I didn't hear that either, so what we are saying is that where there are a group of people working for a private company paid for by -- their wages are paid by the company, by the employer, that would not be considered a setting?

Male Speaker: I think what was --

Female Speaker: Circular argument from Gary -- but supported employment but individual in group requires that the setting be integrated. So I do not believe that the setting assessment will be taking place in individual businesses where by the expectation, the services provided in an integrated setting.

Male Speaker: Meaning that groups --

Male Speaker: I take it as it would not be.

Female Speaker: And that's why I keep going back to the definitions, we spend a lot of time defining -- providers, we're happy with what we had as our service description and guidance, I think if asked the question in a look behind, you have four people working at A I hospital, I can provide if it's following the rule by what time are they working, work between the business hours it's integrated, how many, are they working

side by side with nondisabled employees, these are all questions that by the setting, are going to be there's validity behind it.

Male Speaker: Okay so leading to my confusion, those categories should be taken off of the assessment, employment, supported employment, we are not assessing them -- the providers have to do it anyway, but there's no verification of the self-assessment, I'm confused, why should we do the providers self-assessment if the state is taking it off the top that the settings are beyond reproach, essentially that's the implication, and I can accept that, but let's get it straight and not burden the providers of going through all of this if it's a give away on the part of the state that the focus is purely pro vocation on day of rehabilitation, that's fine, admit it and save us all of this paperwork.

Female Speaker: I.

Male Speaker: I took it to mean, if you are provided, you are filling out one assessment for the -- you are providing --

(Inaudible) and then the look

Male Speaker: Behind because being in an integrated setting is not the only element of the assessment so there are other important elements of the assessment that go factor into supported employment services so you would still be assessed on the supported employment services that you are providing, but you would not assessed for every setting. Does that make sense no?

Male Speaker: I understand what you are saying, but it makes no sense in the term of this process, if there's a need for a self-assessment, there should be a need for the verification.

Male Speaker: --

(Inaudible)

Male Speaker: You install the look behind process for it.

Male Speaker: How would you do it.

Male Speaker: You wouldn't go out to the company.

Male Speaker: You can look in the ways of the policies and procedures that the staff is following, the training they are receiving, there's very specific ways that you can measure the kind of services that are become provided without having to go into a business.

Female Speaker: I think again if you go down to the level of not the individual if a look behind can be how many folks are accessing and what level they are in employment, are they working three hours and we're calling that employment or 40 hours. You know.

Male Speaker: And the choice they have in having a job that they actually --

Male Speaker: You can share that, this is John, the only difficulty I have with it is that I don't believe that that's defined anywhere under employment -- I didn't see it as part of the definition number of hours worked.

Male Speaker: This is Gary, the part that's confusing me is that distinction going to be made for the shared living, it helps frames the topic so is that going to be judged as one setting and.

Female Speaker: I hope not.

Male Speaker: Well it sounds -- if the logic would follow.

Female Speaker: They didn't go by settings --

Female Speaker: This is Susanna --

Female Speaker: I don't know.

Female Speaker: She doesn't know.

(Laughing)

(Talking at the same time)

Female Speaker: If all of the questions, does the individual, does the individual.

(Inaudible)

Female Speaker: They didn't do this.

Female Speaker: Okay so we're still trying to come up with a list of things that we recommend in our e-mail to the division.

Female Speaker: Back to the one that I was talking about, I don't see the part about -- and also -- do you have somebody that can -- yeah they said they can look at the case records but none of us K you will have staff that --

Female Speaker: I can not commit staff to do that, but my department can.

Female Speaker: Whether he can or not, we can recommend that we would like somebody.

Female Speaker: There are these federal statutes that gives us the authority to do it.

Female Speaker: You have a lot of authority to do things that you don't have the staff to do.

Female Speaker: That's true, but we have a number of priorities that we follow and things like, abuse -- that's not what we are talking about, things that talk about individual rights, abuse and neglect, is a priority of coverage for our office.

Female Speaker: Would this committee like to recommend if possible someone from legal aid should attend in the look behind Gary says no.

Female Speaker: I would say someone qualified to see the case records other than the DDDS.

Female Speaker: I have a question. So far the quality assurance group will be doing this.

Female Speaker: No that's our recommendation.

Female Speaker: Okay. Recommendation, so do you all feel that they would not be influenced by DDDS when they're doing their look behind, it's just a question.

Female Speaker: I think that's a good point, DDDS has to do the look behind to make sure their dollars are being spent to report back, we are already using that entity, the Q A department to make sure we are delivering services appropriately, so we have to have the trust in the division staff that they are giving the direction and guidance and do this and carry it out and bringing more folks into this approximation, we have a very short time frame to do this, you are bringing in other folks that are going to have to understand on an individual basis, what each of us are doing, where these folks already have the knowledge.

Female Speaker: You are saying that would be very fair -- on board.

Female Speaker: By definition, that's their job, I would hope if the division is ending them into our Q A and program for the delivery service this just absolutely fits within.

Female Speaker: This is Susanna, when we do the assessment they have to trust we didn't lie on the assessment.

Female Speaker: So another question then, what is the -- accountability and proof of the Q A look like.

Female Speaker: What is the --

Female Speaker: I mean -- I'm sorry I'm suffering from a lot of things that have happened in this division that are out of the theater of the absurd and it seems like there's no bottom line accountability to it.

Male Speaker: This is Gary, I understand what you are saying and I share concerns about some things that have happened within DDDS over my 36 years. But in general, I think the quality assurance staff are relatively impartial, everyone has an ax to grind.

Female Speaker: When do they go.

Male Speaker: They go a lot more than that, there are a number of different types of qualitative reviews they do, so they are in the program settings we're talking about, I characterize it as all of the time, at each setting we have at least several reviews a year from Q A. So --

Female Speaker: Let me throw this out, the Q A is most different than the P M 46 group, they are in the facility throughout the year and they go in and look at what you are talking about and look at the client record.

Female Speaker: That's what my first question was it the same group.

Female Speaker: It's not the same group -- and they look at the person's record and they don't have -- they site things and when they see them, they tend to be I think, very good at what they do and they provide good feedback and they are honest, the moon the evaluation I got has been honest and I see them -- we share -- many different types of audit.

Female Speaker: Okay I surrender.

Female Speaker: As long as they are fair.

Male Speaker: This is Gary, my okay for legal aid being part of every team has nothing to do with them, it has to do with injecting another organization as a preset factor in the verification outside of DDDS I'm fully in favor of families, guardians, self-advocates, if you pull in any other organization, you introduce whatever bias that organization has and again, we can argue those issue it is until the could yous come

home and get nowhere.

Female Speaker: And we have till 12.

Male Speaker: Known else can do that but Jane, the given has to be Q A and everyone else is going to have to fall in behind or not participate.

Female Speaker: So is every in agreement, Gail said --

Female Speaker: You can take legal aid off --

Female Speaker: Should there be something about how self-advocates are recruited and will they be trained and prepared.

Female Speaker: Everyone will be trained. If we recommend training, we are not saying everyone get trained but self-advocates.

Female Speaker: I'm just say, I also mentioned recruiting.

Female Speaker: Right so I think that's a phrase that can go in there, a good sample of -- except for DDDS, so Q A from DDDS plus a good sample of guardians, families and self-advocate.

Female Speaker: Thank you.

Female Speaker: Excellent.

Female Speaker: Anyone else have anything to wrestle to the ground?

Female Speaker: And we decided on guardians, family and self-advocates?

Female Speaker: Unless you are saying we didn't, I thought we did.

Female Speaker: I thought the beginning of the suggestion was self-advocates and --

Female Speaker: We added guardians and families unanimously.

Female Speaker: I would recommend if we are going to have folks in the division, if we get down to the record that they put out a release of information to see and then families can choose to sign it or not, so we can have a good sampling of people but for

us to go out and develop a tool that's going to look different, one coming from the division, and if it get down to that level we can ask a parent or person to sign yes you may or may not.

Male Speaker: And team members are going to be included.

Female Speaker: If it's the division fine, if we are going to put --

Male Speaker: I think obtaining the appropriate consent should be the responsibility of DDDS. So that --

Female Speaker: All the providers think that.

Male Speaker: So there aren't concerns that the providers is presenting a barrier of access to the records, it is a difficult thing to do to get appropriate consent, very difficult.

Female Speaker: So my thought was that, and I don't know, my thought that the self-advocates and families for the look behind were going to be part of the interviewing of the client but you are saying they are on the team?

Female Speaker: That's our recommendation.

Female Speaker: Okay.

Female Speaker: Their position may be to do the interview --

Female Speaker: Right --

(Talking at the same time)

Female Speaker: There is consent there --

Female Speaker: That's what I was worried about, families looking at over families records, I think that's a very --

Female Speaker: Right, yeah.

Female Speaker: If the person is willing to sit down with you as a parent from another organization then.

Female Speaker: Right.

(Talking at the same time)

Female Speaker: Emmanuel, I think --

Female Speaker: I'm sorry we are side barring.

Female Speaker: I was saying what did you say about interviewing the client how is that any different except for somebody who has the capacity to sign for themselves than the other questions? I mean, you couldn't come in and review my son without my permission so I'm just asking how that's any different than, we are not looking at the health records and not everyone has a guardian.

Female Speaker: But you can't review any kind of records and he does have a guardian.

Female Speaker: But you can interview people.

Female Speaker: It's just the the rule that you can't.

Female Speaker: That's just a question not a whole --

Female Speaker: I know it's the question and I would want them included but I don't think they can be included unless there's a sign off. People with guardians.

Male Speaker: So you're saying as long as -- being that they.

Female Speaker: They would be sure.

Female Speaker: I think we are digging down into the weeds of this and it's to a point where it's probably not -- certainly not going to be resolved today and not necessarily going to.

Female Speaker: And I'm sure the division has protocols around when they do Q A's and or an investigation, they are going to have to follow those, so maybe what we want to do is just say, as a committee, we would like to be advised of the look behind process

and have input on that at some point if possible.

Female Speaker: I think --

Female Speaker: The process hasn't been established yet, so --

Female Speaker: CD S has a protocol when they do the interviews and a self-advocate is part of that.

Male Speaker: The national core indicators, including getting consent.

Female Speaker: There's a protocol out there already --

Female Speaker: But I still think at this point you know, we are drilling down into this and I don't think, I don't know that it's necessarily going to have any productive.

Male Speaker: DDDS will have the same concerns.

Female Speaker: Right.

Female Speaker: Okay. So does someone want to just read this and see -- the recommendations. Not the changes to 24 because we have done this and approved it, but the recommendations for the e-mail. The look behind and evidence.

Female Speaker: Bryan can you see it and do it.

Female Speaker: Bryan is going to read it to everyone. This is major side bar time today. Okay Bryan is going to read what we all hashed out to have in the e-mail to the diagnosis as additional recommendations for look behind in evidence.

Male Speaker: Story time with Bryan.

Male Speaker: Recommendations for look behind and evidence, the necessity for training and staff and persons that will be performing the look behind and that will include being aware of differences amongst providers and those that are conducting the assessment receive at minimum an overview of provider services and training on the HCBS waiver assessment tool. Composition of the look behind team would include a

good sample of families and guardians, DDDS quality improvement/assuring staff leading the team and a good sample of self-advocates.

Female Speaker: A -- not just a good sampling of self-advocates.

Female Speaker: Put it in one phrase.

Female Speaker: I'm sorry.

Male Speaker: Consider, sorry I'm reading ahead to try to -- D D S should consider the release of information/HIPPA requirements when it comes to record review or interviews -- redacted or DDDS should be responsible for obtaining consent and N C I protocols, the national core indicator survey -- might be a model for how they go about doing that, the look behind process should look for evidence of the services being delivered and a discretionary review of a sample of individual records. Is that it.

Female Speaker: Those are the notes. Is everyone comfortable with those notes, as they are, well clean up the sentences, does anyone want to add anything? Is this is Bryan, so besides the sampling of individual records there's nothing else on here in terms of examples of areas where look behind might be connected, maybe this is getting into evidence which I think is next on the agenda.

Female Speaker: Look behind and evidence we were discussing.

Male Speaker: So do we feel the need to list other areas where evidence might be available or is that just sort of assumed, so in the past we talked about looking at policies and procedures, looking at training that's been provided. I don't know if you feel the need to put it in there or not, I would imagine it would be part of the evidence, I think.

Female Speaker: This is Susanna, I think in the recommendations, I think we would want to see a list of what recommended evidence we think should be there as in

policies, procedures, training, exactly what you said Brian, we recommend that all of these be used as evidence. You know when completing the look behind, I think it goes without saying, since we have done so much work why not include it. Is there anything else other than.

Male Speaker: This is John, very quickly, because I don't know if we are not over complicating this, and the other guys who are providers, I think most of this evidence exists with a normal audit, everything you are asking for, policies training records, procedures, I get asked for, the plans, the individual plans, yeah there is a whole process that we go through on a regular basis that has all of that evidence in place, I think it's a good reason for the Q A person to lead the team, they already know what's there T my question is do we need to make any more recommendations above what already exists.

Female Speaker: What if we asked them to put it all together so you don't get visit two times if it's all the same stuff, is it possible?

Male Speaker: This is Gary, the way I envision them and to me it's the ideal licensed Q A process -- they have got our self-assessment responses in front of them, they have one by one basically asking the provider how is this evidence documented and the provider has the opportunity to pull out whatever rabbits they have that look like rabbits and we don't have to define anything and it's inherent in the differences amongst providers that the documentation is going to be different in different organizations so it is essentially, they come to the provider and say please show me the cases of X Y Z and then -- the provider it's not going to be the same so I don't think we need to put in the effort of trying to -- do the ways --

Female Speaker: I'm just wondering if DDDS can -- the process they are doing since

at least come in for maybe these two reviews and do the part that's common to both of them at once and then just separate on the parts that are not common to both of them and you don't have two sets of people coming in.

Female Speaker: It's Katina, I'm sorry Gail, I think in theory and in the future that would work when you want to get down to look at it has part of the Q A process for the individual, first of all, it's not everyone and this assessment is looking at all folks that we serve not just folks that live in residential and home community based wafer and the other piece is they have focused individuals so if you are being Q A'd, they are looking at individuals to make sure, it's individual based and all of the other stuff supports that you are delivering that service for the person other than just in general to all people, so I would love to not have another set of time and things and that may be the recommendation down the road it needs to come into the assessment to the program as a whole, if you want to go down to a person A that has whatever access service show me the proof.

Male Speaker: This is Gary, I wouldn't be surprised based on some of the other tools we looked at if DDDS doesn't end up changing this such as when you say yes, there's a question saying how is that documented so that providers are given a leg up essentially, just like with -- every other accreditation kind of thing, that you line up your ducks before the question is asked. And that would prepare, increases -- basically highlights any place there's a problem because there's a paucity of documentation on certain issues, but we don't need to go into telling DDDS how to do it, I think thence the landscape.

Female Speaker: Okay. So show of hands on yes these are the things we would like to put in the recommendation and these are the only things we want to put in the e-mail, all that agree, raise your hand.

Male Speaker: I apologize, I have a quick thing, Terry mentioned before, client interviews, I know that we close the issue of self-assessment before, since she mentioned it, I wanted to bring it up for purposes of look behind is that something, is that I don't think that's something necessarily at this point that happens as part of a typical Q A process. Is that something that we might want to recommend?

Female Speaker: I would.

Female Speaker: I would argue that it can happen that way.

Male Speaker: It can sure.

Female Speaker: Depending on the service.

Female Speaker: It's not a standard practice but a good Q A is looking at the whole piece and we had people say that --

Female Speaker: So it goes in there about the records and clients -- whoever is doing that can interview the client in such times as necessary not the whole --
(Inaudible)

Male Speaker: This is Gary, it certainly makes sense to touch base with the individual receiving services but I really wonder how in the world the samples are going to be managed, obviously that sample skews toward the most capable individuals and clearly the folks that can communicate effectively, it really concerns me that that sample may not be representative of that service setting. Because it may be you know it may be depending, the what happens to everybody else --
(Inaudible)

Male Speaker: I don't think there's anyway to dictate it et cetera and again, if they are going to do what they end up doing, they should share the same concerns but I agree that interviews or discussions with consumers should be included on some basis.

Female Speaker: We are talking about someone's services, it's them we should talk too also.

Female Speaker: This is Susanna, I think if I understood you correctly, it would be a concern of the division too, that they would want to talk to the people who are being served also.

Male Speaker: I agree, I think it's fine to say that we think consumers should be asked about these things -- I don't know how to manage the process that's the whole thing.

Female Speaker: It's up to them --

Male Speaker: Yeah.

Female Speaker: Did you get that Marissa? Okay.

Male Speaker: So we are adding that as a recommendation.

Female Speaker: That consumers should also be apart of the process.

Male Speaker: And we can also -- go ahead.

Male Speaker: I was going to say we certainly have processes for the N C I different ways of including people you know, in the way that they are able to participate.

Female Speaker: Kimberly raised her hand.

Female Speaker: Do we need to mention about guardians being contacted or that is just because it's a legal thing it's assumed.

Female Speaker: You don't have to mention that.

Female Speaker: Okay just asking.

Female Speaker: Okay Kimberly, I don't have the transcript in front of me from last week, but I believe -- there was some discussion about including some type of financial or concerns about -- in the e-mail, I believe that was the discussion last week that -- the terminology around sorry --

(Inaudible)

Female Speaker: No -- it's on my list. We're getting done with this and that was going to be a sentence that we would like to include.

Female Speaker: So you were saying this is all that would be included.

Female Speaker: This is the look behind and evidence.

Female Speaker: I'm sorry --

Female Speaker: So can we put look behind and evidence to bed? Show of hands of that, everyone agrees this is comprehensive to what we want to -- yes? Okay. Fine. Now, the sentence about finances, and how we are going to fund this, T C? From your original question.

Female Speaker: Maybe show me the money.

(Laughing)

Female Speaker: You think that's going to work --

(Inaudible)

Female Speaker: I'm looking for what you said previously, I will read T C, if the funding that you received is unchanged and the regulations that you currently operate were not altered would your organization be able to make the transition needed with a need to protect them with more access to local community -- my opinion that's not a recommendation but I do think we want to put in there that providers are concerned about the additional cost of this, knowing that there's a current short fall of millions of dollars. Thoughts Katina?

Female Speaker: I mean, we all know, it's like the elephant in the room, the assessment is the assessment, we are doing it or we are not doing it, to make that transition and that is the wording to make that transition from when we do the look

behind and the recommendation it is change the way or remediate -- they need to recognize there's a cost to that.

Female Speaker: So does anyone want to craft a sentence that says as a committee, we have a concern, what do we want to say.

Male Speaker: Marissa does it well.

Female Speaker: Express concerns about the cost of transition.

Male Speaker: There we go.

Female Speaker: Members of the committee, does that express how you feel?

Female Speaker: I mean really --

Female Speaker: I think it goes to what we said last week in a sense that this is a platform to continue to use it for education legislation, you know.

Male Speaker: This is John, I think we have to be very very careful about unfunded mandates. Unfunded mandates where we are required to do things, there is an increase in cost but that increase in that cost is not either recognized or if it is recognized, somebody throws up their arm and says we can't, however, the new regulation will stay in effect, I think that's a really there's a strong issue there, there's a good danger, that can occur, in order to become compliant with Medicaid, we know we need to be, as DDS rights continues to build upon what Medicaid put out, there's going to be a cost and without at least at the very least recognizing that cost although I think you need to go beyond that I think the change in not the final rule, but the increased regulation will come out of DDS in order to enforce that rule is going to have a cost and it should, the enforcement of that rule should be determined by the cost or should go hand in hand, with I don't believe with a 32 million-dollar hole in the system, I don't know how many more providers can cover the cost that are out there, we are seeing it

everyday it happens all of the time, these rules that are coming out, I think are good, they are highly supportive but they have a cost and if we don't recognize it, we are fooling ourselves, that needs to be a very strong recommendation.

Male Speaker: I agree, I also would like to say there's an opportunity to be unintended consequences with this transition, things we haven't recognized, don't know are going to happen, I think there are consequences that can occur and we need to say that the division needs to be ready to respond to this.

Female Speaker: Are we understanding that what's being said here is that you would like to be confident that the division will be ready to address unintended controversies.

Male Speaker: I may get a little Contra verdict but what the he will I have been in trouble before. We have created a public record here. Okay. And it's one of the reasons that I think that public record is terribly important that public record doesn't stop here, we are making recommendation and they can be discounted or disregarded but they are still in the public record and has part of that process with the unintended consequences or funding, has part of that process that public record is there to be debated and talked about and discussed with whoever we need to do that with in order to ensure that this transition is successful and it occurs that it's more than just a bunch of people struggling trying to make it work when in fact the resources to make it work are not available. So the recommendations, I have to say, this is a public record and I can see that part of the advice I would give to DDDS is take this stuff seriously, not that they are not, take it seriously, especially the fiscal note don't disregard it T we know that money hasn't been available but it's going to be a driver. And the unintended consequences in my opinion is people losing services, that's the unintended consequences, nobody wants that to happen, there's not a bad person in this room,

there's plenty of data and history that's happening in other states of people losing services because this is not well thought out, that needs to be part of the recommendation otherwise there will be winners and losers and the system was not built to have winners and losers.

Female Speaker: And the aging population, they can lose services that they are not employable, when you think about 60-year-old people with disability, it's hard to get jobs. What are their chances? They still want to be employed at some capacity and they are not ready for dishabilitation, I think that's what's going to be that segment of the population is going to get hurt and I think that's going to be a very sad day.

Female Speaker: Also, different states that are interpreting having a broader interpretation because the CMS rules are broad and states are defending their settings or whatever because of their unique circumstance, if Delaware decides to be restrictive, that will hurt more people also.

Female Speaker: This is Denise, the question is actually -- last week -- at the end of the meeting, the one that was about mentioning finances.

Female Speaker: I'm sorry we decided not to include it in the assessment tool but I said we would include it, we would bring up the funding issue in our e-mail as additional information.

Female Speaker: We have been instructed to not consider funding whether you are in compliance or not -- and never use it as an excuse as high you can't do this.

Female Speaker: It's reality.

(Laughing)

Female Speaker: The CMS rules based on civil rights we can not put a price on civil rights.

Female Speaker: I don't think anyone is saying that, what providers are saying is how will we do this unfunded mandate -- and it's a fair question for providers to ask.

Female Speaker: Absolutely I agree, I don't think the question is being asked in this procedure.

Female Speaker: It's not being asked in the assessment just one additional recommendation.

Female Speaker: Or even in the look behind.

Female Speaker: It's not in there either.

Female Speaker: It's just a statement --

Female Speaker: Well vote on it once we finish our discussion on this, we are going to have an up and down vote, that's what we said we would do on this last day, up and down vote, so everyone get to weigh in, once we are finished, there is no more discussion, this last meeting was an up and down vote.

Male Speaker: This is John, just to clarify my statement, I don't see this suicide part of the process, this is a need to get to the public record what the ramifications of this transition, this is not stuff, it is the elephant in the room and it's not stuff that I think needs to be talked about in separate groups in separate areas -- the recognition that the funding is critical to the success, we can do the transition and it can be a very nice pretty picture on the surface, if you have 30,000 people receiving service only 6,000 get it because the transition will only support that, you have 24,000 without service and that data is out there, I wanted to get this into the public record stating that when we do this, we do it with our eyes open, carefully, strong consideration for all of the components that make up this transition and move forward I'm not to move forward, I do believe if we don't get in on a public record, we are going to be sitting here in 2019 and there are

people going to be walking around looking for services, because the system is already under funded.

Female Speaker: Get everything they want, there will be people who just barely get along and a whole middle group --

Female Speaker: This is Denise, just one more thing, I haven't noticed one word about anyone become in compliance for what can be done to make things better or to serve the customers better, I haven't heard anything in either committee about that at all, as far as everybody has spoken, they are in compliance --

Female Speaker: This is Susanna, I would say this entire assessment tool speaks to those ways in which you are in compliance and those ways which you are not, so the discussion wasn't oh, gosh or in fact, Katina said numerous times none of this applies to me.

Female Speaker: I have more no's than I have --

Male Speaker: This is John --

(Talking at the same time)

Female Speaker: I'm sorry John --

Male Speaker: You are not out of compliance, but you are answering no.

Female Speaker: The way it's going to be for me and a lot of programs in the look behind and in the look behind, if I answer no and it's found out to be yes, I am in deed doing that then great, if it's answered no and I assume -- and you are not doing it, that's where the cost is going to come in, how am I going to change it, we are all going to say we are doing a good thing, the training is important when they are coming to look at the look behind to make sure any recommendations is in compliance -- there is going to be, there already is, sorry, there already is a financial piece to this that's not -- under funded

for the services they stand today to be delivered and everyone in this room wants the services to look very individualized for the person and have all of the choices we all talk about, but that's not where we are. So anything out of this is going to be positive, but there will be cost, and there will be unintended casualties unfortunately in this I hate to use casualties, there will be. Because there's going to be folks that are very happy in the services they are in that may not look like what this is supposed to be. And so then that may be what you don't and it may cause anxiety in themselves as well.

Female Speaker: Sure. Because they are working with the setting and not the individual.

Female Speaker: That's what's heart breaking to me about this.

Female Speaker: Another up and down vote, whether or not -- I appreciate everybody's comment and I know, if you think I don't sit here and wonder about 105 individuals who I serve that might have a problem, I don't say they are all in compliance and that's not a problem, I'm just not discussing it at this table, I'm sitting here sitting back saying what am I going to do about this T it doesn't have to be discussed at this table about people I serve and whether or not they will be able to do things they are doing, I don't recent it you said it -- just because it hasn't been put on the table, doesn't mean we are not worried about it and don't think about T I think all providers here are trying to figure out how we are going to make this work, the financial is a piece of it, so when I go back to my ark and look at my budget, I say okay, how many more staff do I need to do Y and will the board approve it and how will I fund it, it's just a reality that we deal with as providers. So we are going to do an up and down vote.

Male Speaker: I'm not clear what we are voting on, the recommendation I'm not comfortable with, that second sentence, I don't know where it came from, I understand

that that may make sense but I'm not comfortable with the second sentence.

Female Speaker: The first one we are doing as a committee, do we want to include something in this e-mail regarding funding because Denise feels it's not appropriate so let's first have a vote do we want to include something on fund something then well word Smith it, is everyone in agreement with that? Yes?

Female Speaker: Yes. You don't get to vote.

Male Speaker: I'm voting anyway.

Female Speaker: So it's eight, now we can word Smith. Word Smith away people.

Female Speaker: This is Kimberly -- there's already epilogue that requires this.

Female Speaker: Can you put in that epilogue that we get the funding? That's really the key there. I don't know if -- but just I mean there's already law that says that the study must be done.

Female Speaker: This is Gary, Kimberly does it say that it may be done -- every three years because historically that's what it says, it didn't say that it had to be done every three years it said it may be done.

Female Speaker: It said shall and we changed it to may.

Male Speaker: As I hate to differ with Kimberly, that epilogue language doesn't hold much meaning because it leaves it as an option. And my concern is there was a recent rate study as most people are aware that defined the extent which the system last year was under funded.

Female Speaker: 32 million more or less.

Male Speaker: I can imagine and it may be Marissa's thought that if things change maybe the rate system needs to be reevaluated, my concern is that the implication is that it maybe read as discounting the one currently on the table and I don't think we are

in favor of doing that -- what her sentence say Social Security a new rate study will be needed. I don't want to discount the --

Female Speaker: My assumption, based on the conversation, my assumption was that folks would expect that the gap would increase based on the changes so I would assume that you would like to have another document just as the last years rate study reflects what the gap is so yeah that's exactly --

Male Speaker: I appreciate that and your sentiment on that, but my concern remains the way government works, if we now say a new rate study is needed that means we disregard what the last one says and I don't think we can afford to do that because if the system continues to operate until it's replaced with something else, I think it's fine the way its.

Female Speaker: I think that's a good statement, that states concerns that we voiced here at this committee, and that's all it's intended to be, these are concerns from this committee as voted upon and up and down vote. Okay. Are we ready to vote on this statement, is it word Smithed enough now?

Female Speaker: Can you read it again.

Female Speaker: Express concerns about the cost of the transition in an already under funded system and concerns about unintended consequences of the transition. I think 245 expresses I have our guest's concern.

Male Speaker: Not all of them.

Female Speaker: But one of them -- all of those in favor of including the wording as it stands because we said we were going to include something about the funding, so how many of you comfortable, those eight people how many are comfortable with the voting?

Okay --

(Raising hand)

Female Speaker: Then it goes in. We can put it at the top or the bottom, well decide how it looks.

Female Speaker: Anything else?

Male Speaker: I have one last question. And maybe Marissa maybe you can answer it, does DDDS once they get this stuff any intent to respond to this group on what they are going to do.

Female Speaker: We have a yes answer on that.

Male Speaker: Thank you.

Female Speaker: Sorry didn't mean to speak to you.

Male Speaker: It's okay, I missed a meeting.

Female Speaker: Saw san in a, you will send this out, the recommendations.

Female Speaker: I think in previous conversation or meetings there was conversation about recommendations from this group on what the question aside from providing 75 million, 100 million, whatever kind of money in addition to the money or accepting the money, what else the division can perhaps provide to assist with the transition, so are there any recommendations from this committee for the division on what the division perhaps can provide to assist with the transition.

(Laughing)

Male Speaker: This is Gary, I think the most constructive way to approach it is to go back to what Marissa lead for years and that's where the heavy lifting gets done in terms of going from broad concepts to specific service standards which gives a much more specific form for providers to envision what services should look like, because we're helped in by a tremendous amount of risk aversion in DDDS policy and procedure

ands it runs exactly counter to community integration. And I'm sure that people who aren't within the operating system don't recognize how we've caught between a rock and a hard place because you are dammed if you do and dammed if you don't in terms of doing things in the community, because doing things in the community is much more risky and expensive than doing things in a controlled environment and the problem is exasperated by P M 46 and all of the other risk management mechanisms within the state and they are terribly excuse me power some to work with them or avoiding them.

Male Speaker: So anyway, I think the most constructive way is for the day services work group which is a good collaboration between DDDS and the providers to hammer out the details, Marissa and her staff are really good in terms of it being a cooperative effort at the end of the day there's some givens and that's where we start and end, and everything in between is you know --

Male Speaker: This is John, I agree, just the thought I'm truck by, which is -- if I wouldn't a providers, that would feel like a in the ballpark talk and if I'm not one, how do you know what that means, if that's the case and I'm feeling that way and I'm in this system, how do we become more transparent about that -- the piece Gary you brought up about risk aversion, a lot of people not in this system don't realize how risk averse sieve the entire system is, it does drive a lot of things we D for example, one of the things we work with, very diligently is to make sure when they are in the community, we work closely with them so there's no police involve meant so the criminal justice doesn't get involved, that's the worst place for them to end up, so in many cases decisions are made to minimize that impact but that also in minimizing the impact has a counter point on in terms of how much access people might have or what that access looks like not much -- what that looks like and if you're not part of the system you may not know that

and what may look like something that's being restrictive in allowing people access to the community, it's really that, risk averse sieve, so I don't know if there's a way -- if that process -- you're right, Marissa's group is a good group but it's all in-house stuff. I don't know how we get that information to folks who are part of this group or in general -- shows that other part of the story, so I would suggest we try to figure that out.

Female Speaker: This is Susanna, from my own experience, the families I deal with and in many case, individuals I deal with really are not aware about how the system works it is a huge challenge on an ongoing basis and I'm dealing with people in the community all of the time. But I think the service guidelines were well crafted, I think they are a beneficial tool for those of us who provide services and I agree with Gary, that's where it should fall, maybe it's time to make an effort to make sure all of these committees that we are serving on have some people with disabilities -- I think that might be something to really look to when we are sit be on committees, who is on that committee who is able to speak for the disability community and sampling --

Female Speaker: And family members.

Female Speaker: So you know, I think that recommendation that we said, about guardian and family members, self-advocates, people with disabilities, maybe we should, maybe we want to say that on an ongoing basis, go to a committee and say -- where are the people here that we serve.

Male Speaker: Maybe amongst the -- maybe the G A C can look at it, I think Terry's group is in a unique position, one foot in and out in terms of the system and you know, they are probably in a God perspective position to be able to see the different pieces and how to bring some of it together, it's really difficult to pull family member and consumers in on a consistent basis, because obviously, they are not being paid to do

this, so we don't have control over the schedules, the rest of us don't have a choice nor external challenges, so that's --

Female Speaker: So true, and she was at work and could not take off, she wanted to be here, a person with a disability, who would have been able to make good contributions.

Female Speaker: So I think that's -- many of us sit on the same committees in the same work groups and I think we all look at each other and say where are the people we serve, I can that's probably a very positive outcome that unanticipated outcome of this particular group. Are we done? Are we done, thanks so much for your contributions. Okay. Do we want to adjourn, call it? Emmanuel? It's yours to call.

Male Speaker: Were adjourned.

(Laughing)

Female Speaker: I'm sorry I do want to say I will put this all together, I will send it to Jane and Marie with a copy to Vicky and in the Cc line will be everyone on the committee and I will say this is comes from the committee so you see which will what we said.

Male Speaker: And the dead horse is still dead.

(Laughing)

Female Speaker: Hear that Jane?

(Laughing)